

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	NK	49 989	12/11/00 3/23/01
RESPONSE FORMALITY REVIEW	Rm	781	05-02-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date			
Final	Original	02	07	11
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
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14	✓	✓	✓	✓
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30	✓	✓	✓	✓
31	✓	✓	✓	✓
32	✓	✓	✓	✓
33	✓	✓	✓	✓
34	✓	✓	✓	✓
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36	✓	✓	✓	✓
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39	✓	✓	✓	✓
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41	✓	✓	✓	✓
42	✓	✓	✓	✓
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44	✓	✓	✓	✓
45	✓	✓	✓	✓
46	✓	✓	✓	✓
47	✓	✓	✓	✓
48	✓	✓	✓	✓
49	✓	✓	✓	✓
50	✓	✓	✓	✓

Claim	Date			
Final	Original	02	07	11
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Claim	Date			
Final	Original	02	07	11
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If more than 150 claims or 10 actions  
staple additional sheet here

(4 FEET INSIDE)